2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000371

Entity Name: COLLIER FALLS VINEYARDS, LLC

FILED Jul 06, 2007 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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9711 W. DRY CREEK ROAD HEALDSBURG, CA 95448

Current Mailing Address: New Mailing Address:

9931 W. DRY CREEK RD. HEALDSBURG, CA 95448

FEI Number: 68-0406957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLLIER, RON C/O ABEL, BAND, RUSSELL, COLLIER, PITCHFOR 240 SOUTH PINEAPPLE AVENUE SARASOTA, FL 34236 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

Title: (X) Change () Addition () Delete COLLIER, BARRY LEE COLLIER, BARRY LEE Name: Name:

Address: 9931 W. DRY CREEK RD Address: 9931 W. DRY CREEK RD City-St-Zip: HEALDSBURG, CA 95448 City-St-Zip: HEALDSBURG, CA 95448

(X) Change () Addition Title: MEM () Delete Title: MGRM

Name: COLLIER, MARY SUSAN Name: COLLIER, MARY SUSAN Address: 9931 W. DRY CREEK RD Address: 9931 W. DRY CREEK RD City-St-Zip: HEALDSBURG, CA 95448 City-St-Zip: HEALDSBURG, CA 95448

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BARRY LEE COLLIER 07/06/2007